

SAMHSA/CMHS
Child, Adolescent and Family Branch

Circles of Care Program Overview
October 2011

Overview

- COC is a three-year discretionary infrastructure grant program for American Indian/Alaska Native (AI/AN) tribes, and tribal organizations (including Urban Indian programs and Tribal Colleges)
 - Primary goals of the program:
 - Planning for the development of a community-based system of care model for children with mental health challenges and their families
 - Developing local capacity and infrastructure to assist tribal communities to obtain funding and resources to implement their model system of care
- The COC program began in 1998 as a result of planning with AI/AN leaders and the support of SAMHSA.
- The COC program is currently the only SAMHSA grant program that is focused specifically on AI/AN issues and that allows tribes and tribal organizations to apply without competing for funding with states, counties, or cities.
- In the current cohort, grantees are allowed to use up to 30% of their funds to pilot a service that is designed to implement the infrastructure changes they develop in their model system of care. This is a new development in the COC grant program and was introduced as a result of a recommendation from a focus group of previous grantees.

Success of Previous Circles of Care Grantees

- Of the 31 total graduated COC grantees, 12 have obtained direct funding through the Child Mental Health Initiative (CMHI) program, and at least 4 others were able to partner with other CMHI grantees to implement their model. The others have developed various alternative strategies to implement the model that they developed through COC including other federal grants, state grants and contracts, private foundation funds and reallocation of existing tribal funding.
- First cohort of COC resulted in 9 grantees from 1998-2001.
 - 7 of these grantees were able to secure access to CMHI funding, either directly or by contributing the model that enabled other entities to obtain CMHI funding
 - Oglala Sioux Tribe in FY99
 - Choctaw Nation of Oklahoma in FY02
 - Fairbanks Native Association in FY02
 - Native American Health Center (via City of Oakland) in FY02
 - Inter-Tribal Council of Michigan (partnered with the Saulte Ste. Marie Tribe) in FY98
 - In Care Network (State of Montana SOC) in FY04

- Feather River Tribal Health (through Butte County, California) in FY04
- The second cohort of COC resulted in 7 grantees from 2001-2004
 - 3 of these grantees were able to directly secure CMHI funding
 - Blackfeet Nation in FY04
 - United American Indian Involvement (via California Rural Indian Health Board) in FY04
 - Pascua Yaqui Tribe in FY05
 - 1 of these grantees decided to continue their planning and infrastructure development to secure the only tribal Child/Adolescent SIG grant in FY05
 - Puyallup Tribal Health Authority
- The third cohort of COC resulted in 7 grantees funded from 2005-2008.
 - 2 of these grantees were able to directly secure CMHI Funding in F08
 - Native American Rehabilitation Association (through the Northwest Portland Area Indian Health Board)
 - Muscogee (Creek) Nation of Oklahoma
 - 1 grantee successfully partnered with the Creek Nation and the State of Oklahoma in their CMHI applications to implement their COC model
 - Tulsa Indian Health Care Center
 - 1 grantee submitted a successful CMHI application in FY10
 - Sinte Gleska University (Rosebud Sioux Tribe in South Dakota)
 - 3 grantees took alternative approaches to implementing the model that they developed through the COC grant
 - Cook Inlet Tribal Council (Alaska)
 - Quileute Tribe (Washington)
 - Denver Indian Family Resource Center
- The fourth cohort of COC resulted in 8 grantees funded from 2008-2011
 - 2 of these grantees were able to directly secure CMHI funding in FY11
 - American Indian Health and Family Services of SE Michigan (through the Inter Tribal Council of Michigan)
 - Pueblo of San Felipe (New Mexico)
 - The other 6 grantees have taken the planning and model developed through the grant to internally transform policies and practices to varying degrees, and have used the model to apply for other federal grants and state contracts.
 - American Indian Center of Chicago
 - Crow Creek Tribe (South Dakota)
 - Indian Center, Inc. (Lincoln and Omaha, Nebraska)
 - Karuk Tribe of California
 - Mashantucket Pequot Tribal Nation (Connecticut)
 - Standing Rock Sioux Tribe (South Dakota)
- Of the 10 currently funded tribal CMHI grantees, 6 are previous COC grantees
- Of the 21 tribal CMHI grantees funded since 1998 (when COC began in) 12 have been COC grantees

Impact of the Circles of Care Program

- The program has directly impacted 31 different tribal and urban Indian communities since 1998 by increasing capacity and community readiness for improving children's mental health systems
- COC promotes self-determination where tribes can define their own needs and develop their own culturally based solutions, systems and the opportunity to develop capacity to begin identifying culturally-based evidence-based-practices
- COC has been highly visible in Indian Country and provides the opportunity for peer-to-peer collaboration between tribes and within larger Indian organizations
- COC promotes strengthening tribal-state relationships and coordinating efforts between tribes and federal SAMHSA funding to increase access of service
- COC provides the opportunity for communities to coordinate different grant initiatives from SAMHSA and other sources.

The current Circles of Care-V Grants

- Current level of funding for the COC V (2011-2014) grant program is \$2.178 million per year to fund 7 grants. Grantees were allowed to request up to \$311,140 per year for 3 years.
- Current Grantees in Cohort V are:
 - American Indian Center of Central Ohio (Columbus, Ohio)
 - American Indian Education Center (Cleveland, Ohio)
 - Boys and Girls Club of the Northern Cheyenne Nation (Montana)
 - Fresno American Indian Health Project (California)
 - Tohono O'odham Community College (Arizona)
 - Yellowhawk Tribal Health Center (Umatilla Tribe in Oregon)
 - Yurok Tribe, California

The Role of Technical Assistance and Evaluation

- A large part of the success of COC grantees is the high level of programmatic technical assistance (TA) and evaluation TA provided to the grantees. Grantees receive individualized TA including phone and on-site TA visits, group TA including Webinars, conference calls and grantee meetings and other peer-to-peer opportunities to learn from previous COC grantees. The Center for Mental Health Services contracts with outside organizations to provide this TA to grantees.
- The current program TA provider is the Native American Center of Excellence (NACE) which is a resource center contracted by SAMHSA's Center for Substance Abuse Prevention. This is the first time NACE has been contracted directly to provide TA to the COC program, but they are experienced in providing other TA to tribal communities.
- The current evaluation TA provider is the Circles of Care Evaluation TA Center at the University of Colorado in Denver. They have been providing this TA since the beginning of the COC grant program in 1998, through a variety of contract mechanisms.